

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

015-002388

SFUND RECORDS CTR  
999000198

## PRODUCER OF WASTE (Must be filled by producer)

Name: ALCOA CODE NO.   

Pick up Address: (NUMBER) (STREET) (CITY)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: DAVID C. J. HAN Date: \_\_\_\_\_Type of Process which Produced Wastes: CODE NO.   

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution     | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides        | 8. <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | 9. <input type="checkbox"/> Oil                    | 14. <input type="checkbox"/> Mud and water              |
| 5. <input type="checkbox"/> Solvent           | 10. <input type="checkbox"/> Drilling mud          | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify) \_\_\_\_\_ CODE NO.   

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Upper Concentration: Lower % ppm

1. _____	_____	_____	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<span style="border: 1px solid black; padding: 0 5px;">  </span>
2. _____	_____	_____	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<span style="border: 1px solid black; padding: 0 5px;">  </span>
3. _____	_____	_____	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<span style="border: 1px solid black; padding: 0 5px;">  </span>
4. _____	_____	_____	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<span style="border: 1px solid black; padding: 0 5px;">  </span>
5. _____	_____	_____	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<span style="border: 1px solid black; padding: 0 5px;">  </span>
6. _____	_____	_____	<span style="border: 1px solid black; padding: 0 5px;">  </span>	<span style="border: 1px solid black; padding: 0 5px;">  </span>

## Hazardous Properties of Waste:

pH: \_\_\_\_\_ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosivebulk Volume: \_\_\_\_\_ ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY) \_\_\_\_\_Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY) \_\_\_\_\_Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (SPECIFY) \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

## HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249  
Phone: (213) 321-1392Pick Up: \_\_\_\_\_ Time: \_\_\_\_\_  
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable): \_\_\_\_\_

Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Vehicle: ☐ vacuum truck \_\_\_\_\_ barrels, ☐ flatbed, ☐ other \_\_\_\_\_ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): \_\_\_\_\_ CODE NO.   

Site Address: \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): \_\_\_\_\_ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)
- ☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
- ☐ other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 2-9-76

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name: \_\_\_\_\_